

117TH CONGRESS  
1ST SESSION

# H. R. 4770

To study the effects of changes to telehealth under the Medicare and Medicaid programs during the COVID–19 emergency.

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## IN THE HOUSE OF REPRESENTATIVES

JULY 28, 2021

Ms. KELLY of Illinois (for herself, Ms. BLUNT ROCHESTER, Ms. CLARKE of New York, Mr. POCAN, Mr. CÁRDENAS, and Ms. PORTER) introduced the following bill; which was referred to the Committee on Energy and Commerce, and in addition to the Committee on Ways and Means, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned

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## A BILL

To study the effects of changes to telehealth under the Medicare and Medicaid programs during the COVID–19 emergency.

1       *Be it enacted by the Senate and House of Representa-  
2 tives of the United States of America in Congress assembled,*

3 **SECTION 1. SHORT TITLE.**

4       This Act may be cited as the “Evaluating Disparities  
5 and Outcomes of Telehealth During the COVID–19 Emer-  
6 gency Act of 2021” or the “EDOT Act of 2021”.

1   **SEC. 2. STUDY ON THE EFFECTS OF CHANGES TO TELE-**  
2                   **HEALTH UNDER THE MEDICARE AND MED-**  
3                   **ICAID PROGRAMS DURING THE COVID-19**  
4                   **EMERGENCY.**

5       (a) MEDICARE REPORTS.—

6               (1) IN GENERAL.—Not later than 1 year after  
7               the end of the emergency period described in section  
8               1135(g)(1)(B) of the Social Security Act (42 U.S.C.  
9               1320b-5(g)(1)(B)), the Secretary of Health and  
10          Human Services (in this section referred to as the  
11          “Secretary”) shall conduct a study and submit to  
12          the Committee on Energy and Commerce and the  
13          Committee on Ways and Means of the House of  
14          Representatives and the Committee on Finance of  
15          the Senate an interim report on any changes made  
16          to the provision or availability of telehealth services  
17          under part A or B of title XVIII of the Social Secu-  
18          rity Act (42 U.S.C. 1395 et seq.) during such pe-  
19          riod. Such report shall include the following:

20               (A) A summary of utilization of all health  
21          care services furnished under such part A or B  
22          during such period, including the number of  
23          telehealth visits (broken down by the number of  
24          such visits furnished via audio-visual tech-  
25          nology, the number of such visits furnished via  
26          audio-only technology, and the number of such

1           visits furnished by a Federally qualified health  
2           center, rural health clinic, or community health  
3           center, respectively, if practicable, and further  
4           broken down by the type of such service (such  
5           as primary care, mental health, and specialty  
6           services)), in-person outpatient visits, inpatient  
7           admissions, and emergency department visits.

8           (B) A description of any changes in utilization  
9           patterns for the care settings described in  
10          paragraph (1) over the course of such period  
11          compared to such patterns prior to such period.

12          (C) An analysis of utilization of telehealth  
13          services, patient access to care, and patient out-  
14          comes under such part A or B during such pe-  
15          riod, broken down by race and ethnicity, geo-  
16          graphic region, and income level (as measured  
17          directly or indirectly, such as by patient's zip  
18          code tabulation area median income as publicly  
19          reported by the United States Census Bureau),  
20          and of any trends in such utilization during  
21          such period, so broken down. Such analysis may  
22          not include any personally identifiable informa-  
23          tion or protected health information.

24          (D) A specification of the zip code where  
25          each health care provider furnishing such tele-

1           health services was located at the time of fur-  
2           nishing such services.

3           (E) A description of expenditures and any  
4           savings under such part A or B attributable to  
5           use of such telehealth services during such pe-  
6           riod.

7           (F) A description of any changes to patient  
8           access to care under such part A or B attrib-  
9           utable to use of such telehealth services during  
10          such period.

11          (G) A description of any instances of fraud  
12          identified by the Secretary, acting through the  
13          Office of the Inspector General or other rel-  
14          evant agencies and departments, with respect to  
15          such telehealth services furnished under such  
16          part A or B during such period and a compari-  
17          son of the number of such instances with the  
18          number of instances of fraud so identified with  
19          respect to in-person services so furnished dur-  
20          ing such period.

21          (H) A description of any privacy concerns  
22          with respect to the furnishing of such telehealth  
23          services (such as cybersecurity or ransomware  
24          concerns), including a description of any actions  
25          taken by the Secretary, acting through the

1           Health Sector Cybersecurity Coordination Cen-  
2           ter or other relevant agencies and departments,  
3           during such period to assist health care pro-  
4           viders secure telecommunications systems.

5           (2) INPUT.—In conducting the study and sub-  
6           mitting the report under subsection (a), the Sec-  
7           retary—

8           (A) may—

9               (i) consult with relevant stakeholders  
10              (such as patients, minority or tribal  
11              groups, patient advocacy organizations,  
12              medical professionals, hospitals, State medical  
13              boards, State nursing boards, the Fed-  
14              eration of State Medical Boards, National  
15              Council of State Boards of Nursing, medi-  
16              cal professional employers (such as hos-  
17              pitals, medical groups, staffing companies),  
18              telehealth groups, health professional li-  
19              ability providers, public and private payers,  
20              and State leaders); and

21               (ii) solicit public comments on such  
22              report before the submission of such re-  
23              port; and

(B) shall endeavor to include as many racially, ethnically, geographically, and professionally diverse perspectives as possible.

(3) FINAL REPORT.—Not later than December 31, 2025, the Secretary shall—

(A) update and finalize the interim report under subsection (a); and

(B) submit such updated and finalized report to the committees specified in such subsection.

1 (b) MEDICAID REPORTS.—

23 (B) contains—

(i) a summary and description of the type described in subparagraphs (A) and (B), respectively, of subsection (a)(1); and

(ii) to the extent practicable, an analysis of the type described in subparagraph (C) of such subsection,

except that any reference in such subsection to “such part A or B” shall, for purposes of clauses (i) and (ii), be treated as a reference to such State plans (or waivers).

